Plea	ase prin	it or type. (Form design	ed for use on elite (12-pitch) type	writer.)					Form	n Approved. (DMB No. 20	050-0039			
1		ORM HAZARDOUS STE MANIFEST	Generator ID Number			nergency Response -800-899-10		4. Manifest		9825	4 G	BF			
П	5. Generator's Name and Mailing Address Generator's Site Address (if different than mailing address)														
	at howard Rom Activ														
	Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number														
	CYN OIL CORPORATION							MAD082303777							
	7. Transporter 2 Company Name						U.S. EPA ID Number								
	Designated Facility Name and Site Address							U.S. EPA ID I	lumbar	- 13/11-					
	CYN OIL CORPORATION, 1771 WASHINGTON STREET, STOUGHTON, MA 02072														
	Facility's Phone: 781-341-5108							MAD082303777							
	9a.	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers					ers	11. Total 12. Unit 13. Waste Codes							
Ш	НМ	and Packing Group (if any))				No.	Туре	Quantity	Wt./Vol.						
8		1. CTATE DECU	II ATED OII WASTE		,					MA98					
ĭĕ		STATE REGU	ILATED OIL WASTE			100	11	300	6						
GENERATOR		2.	1.00					·							
뜅															
						-:									
		3.													
			Á												
		4.													
					100			0.0000							
	14. Special Handling Instructions and Additional Information 24 HOUR EMERGENCY SPILL RESPONSE 800-899-1038 D.O.T. EMERGENCY GUIDE #128														
			ENCY SPILL RESPU	N2E 900-999-1	U36 D.U.1	. CIVIERGE	NCT G	JIDE #120	D						
	PA	SSED DEXSIL							100						
	15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, package marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary										jed, v				
	Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.														
	_	certily that the waste minimator's/Offeror's Printed/Type		202.27(a) (ii 1 aiii a large i	Signature	or (b) (iri airi a siria	i quality ger	lei ator) is true.		Monti	n Day	Year			
1		,	DA: A T	1 /		1	and the same of th			16	117	100			
Ė	16. Inte	ernational Shipments	Import to U.S.		xport from U.S.	Port of ent	ry/exit:								
INT		orter signature (for exports	only):			Date leavis									
띮		nsporter Acknowledgment of orter 1 Printed/Typed Name			Signature					Month	n Day	Year			
TR ANSPORTER	Transpo	orter i Printed/Typed Name	Yu/Az	4 ~	I		The state of the s			17	1700	Fix			
ISN	Transp	orter 2 Printed/Typed Name	e	V	Signature	<	HO!			Monti	1	Year			
TRA	0.6										1				
1	18. Dis	crepancy													
	18a. Discrepancy Indication Space Quantity Type Residue Partial Rejection Full Rejection														
>	Manifest Reference Number: 18b. Alternate Facility (or Generator) U.S. EPA ID Number														
듣															
ΕĦ	Facility's Phone:														
띹	18c. Si	gnature of Alternate Facility	(or Generator)	-	-					Mon	th Day	Year			
DESIGNATED FACILITY	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)														
<u> </u>	19. Haz	zardous Waste Report Man	agement Method Codes (i.e., codes for	or nazardous waste treatm	ent, disposal, and r	ecycling systems)		4.	-			W			
10	"														
			Operator: Certification of receipt of haz	zardous materials covered		cept as noted in Item	18a								
	Printed	/Typed Name			Signature		E LE MAN			Mont	h Day	Year			

Plea	se print or type. (Form design NON-HAZAR POUS WASTE MANIFEST	gned for use on elite (12-pitch) type	2. Page		gency Response		4. Waste Tra		83 79		·		
	5. Generator's Name and Maili	ng Address	[] A 1-3-3-3-3-	Generato	r's Site Address	(if different tha	n mailing addres	s)					
	Generator's Phone:	e parole de la deservación de la constante de La constante de la constante d	Anton good)	· · · · · · · · · · · · · · · · · · ·	2)				
	6. Transporter 1 Company Name						U.S. EPA ID Number						
	Cyn Oil Corporation 7. Transporter 2 Company Name						U.S. EPA ID Number						
Ш	8. Designated Facility Name and Site Address Cyn Oil Corporation							U.S. EPA ID Number					
	Cyn Oil Corporation 1771 Washington Street							gra-12"					
	Stoughton, MA 02072 781-341-5108							MADOS2303777					
-	9a. 9b. U.S. DOT Descript	tion (including Proper Shipping Name, H	lazard Class, ID Number,	S. Cont.	10. Contair		11 Total	12. Unit Wt./Vol.		,	•		
	HM and Packing Group (if	any))		1.0 D	No.	Type	Quantity	yyt./voi.					
GENERATOR		RA, Non-DOT Regul	ated Material	10 m	001	ar Ar	J \$	r.	N A C				
GENE	2.												
	3.												
	3.												
	4.												
	10												
	13. Special Handling Instructions and Additional Information Waste Ethylene Glycol-Based Antifreeze for Recycling												
		FICATION: I certify the materials descr	ibed above on this manifest are no		eral regulations for	or reporting pr	oper disposal of	Hazardous \	Waste. Month	Day	Year		
↓	Generator's/Offeror's Printed/T	yped Name	u sala i	Signature					VIOLIGI	E ay	2 J		
INT	15. International Shipments Transporter signature (for exp	Port of entry/exit:											
띪	16. Transporter Acknowledgme			Signature		-É			Month	Day	Year		
POR	Kecin Cain	ranspoder 1 Printed/Typed Name Kec1n Cain			****	1.4-		2	114	1 1			
TRANSPORTER	Transporter 2 Printed/Typed N	lame		Signature	*				Month	Day	Year		
1	17. Discrepancy												
	17a. Discrepancy Indication S	space Quantity	Туре	Ĺ	Residue		Partial Re	jection		Full Rejecti	ion		
<u>-</u> ∠L	Manifest Reference Number: 17b. Alternate Facility (or Generator) U.S. EPA ID Number												
FACIL	Facility's Phone:	8							l Marile	Day	Year		
VATED	17c. Signature of Alternate Fa	icility (or Generator)							Month	Day	1601		
DESIGNATED FACILITY													
		or Operator: Certification of receipt of	materials covered by the manifest	except as noted	in Item 17a								
	Printed/Typed Name	r or Operator. Cartification of receipt of	materials correct by the manifest	Signature					Month	Day	Year		